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JUN 23 2005

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	1002.004
		First Named Inventor	Craig S. Gravina
		COMPLETE IF KNOWN	
		Application Number	10/710,814
		Filing Date	August 4, 2004
<input type="checkbox"/> Declaration Submitted With Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Art Unit	2173
		Examiner Name	TBD

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Controller and Removable User Interface (RUI) for Media Event and Additional Media Content

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/04/2004 as United States Application Number or PCT International

Application Number 10/710,814 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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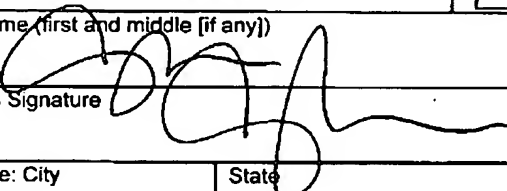
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	<b>36790</b>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name <b>Tillman Ivsan, PLLC</b>				
Address <b>P. O. Box 471581</b>				
City <b>Charlotte</b>		State <b>NC</b>	ZIP <b>28247</b>	
Country <b>USA</b>		Telephone <b>(877) 248-5100</b>	Fax <b>(877) 248-5100</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Craig S.</b>		Family Name or Surname <b>Gravina</b>		
Inventor's Signature 		Date <b>6/16/05</b>		
Residence: City <b>Farmington</b>	State <b>CT</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address <b>15 Glenmore Drive</b>				
City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	Country <b>USA</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <b>Arthur S.</b>		Family Name or Surname <b>Gravina</b>		
Inventor's Signature		Date		
Residence: City <b>Naples</b>	State <b>FL</b>	Country <b>USA</b>	Citizenship <b>USA</b>	
Mailing Address <b>6361 Pelican Bay Boulevard, Apt. #1001</b>				
City <b>Naples</b>	State <b>FL</b>	Zip <b>34108</b>	Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <b>1</b> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

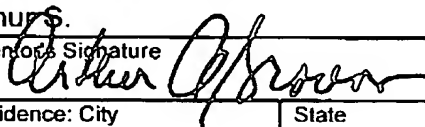
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**DECLARATION — Utility or Design Patent Application**

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Name Tillman Ivсан, PLLC				
Address P. O. Box 471581				
City Charlotte		State NC	ZIP 28247	
Country USA	Telephone (877) 248-5100		Fax (877) 248-5100	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Craig S.		Family Name or Surname Gravina		
Inventor's Signature			Date	
Residence: City Farmington	State CT	Country USA	Citizenship USA	
Mailing Address 15 Glenmore Drive				
City Farmington	State CT	Zip 06032	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Arthur S.		Family Name or Surname Gravina		
Inventor's Signature 			Date 5/16/05	
Residence: City Naples	State FL	Country USA	Citizenship USA	
Mailing Address 6361 Pelican Bay Boulevard, Apt. #1001				
City Naples	State FL	Zip 34108	Country USA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

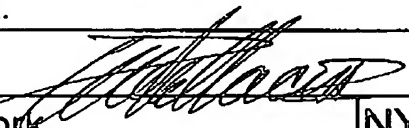

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet		Page <u>1</u> of <u>1</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Everett K.		Wallace		
Inventor's Signature 		Date		
New York	NY	USA	USA	
Residence: City	State	Country	Citizenship	
450 Broome Street, Apt. 2E				
Mailing Address				
New York	NY		USA	
City	State	Zip	Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	Zip	Country

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